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07/23/2004

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| Clark A. Puntigam | (Depositor's name) |
|-------------------|--------------------|
| Clara Suurgauv | (Signature) |
| Sept 27, 2034 | (Date) |
| | |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | | | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|--|---|---|--|---|------------------------------|-----------------------------|
| 10/662,254 | 09/15/2003 | Scott E, Hall | | | | 5234 |
| TITLE OF INVENTION: F | LUID-DISPENSING AND | REFILLING SYST | EM FOR A | POWER TOOTHBRUSH | | |
| i f | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1330 | | \$300 | \$1630 | 10/25/2004 |
| EXAM | IINER | ART UNI | ΙΤ | CLASS-SUBCLASS | · . | |
| WALCZAK, DAVID J | | 3751 | • | 401-18800R | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence | | | (1) the na | nting on the patent front page, li mes of up to 3 registered pater OR, alternatively, | 1.JENSEN | N & PUNTIGAM, P.S |
| Address form PTO/SB/122) attached. | | (2) the name of a single firm (having as a member a 2 | | | | |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed. | | | |
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| PLEASE NOTE: Unless recordation as set forth in | s an assignee is identified be a 37 CFR 3.11. Completion | elow, no assignee of this form is NOT | data will app a substitute | pear on the patent. If an assign for filing an assignment. | nee is identified below, the | document has been filed for |
| (A) NAME OF ASSIGNEE (B) | | |) RESIDEN | CE: (CITY and STATE OR CO | UNTRY) | |
| Dhilina Ó | | • | , | * III 5 5 5 5 40/04 | JOANA CHETEVIO ANIOS | 52000 |

Philips Oral Healthcare, Inc.

0/04/2004 FMETERIZ 0013353800 Name/Number:10662254 Snoqua Imie

\$1630.00 CR

corporation or other private group entity FC: 9204 individual Please chack the appropriate assignee category or categories (will not be printed on the patent); The following fee(s) are enclosed:

| a. | • | 110 | 101 | owing | rcc(s) | arc | Chelosea. | |
|----|---|-----|-----|-------|--------|-----|-----------|--|
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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

□ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature) ICHEAL DUURAUUN

Jept 27, 2004

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